

SHEFFIELD POLICE
KOPS & KIDS WEEK
JULY 20- JULY 24, 2015

Dear Parent or Guardian:

Please completely fill in the following information and return it to the Sheffield Police Department. This information is REQUIRED in case of illness or emergency.

Name of Child: _____ Birth Date: _____

Address: _____ City: _____ State: _____

Parent/Guardian: _____ Home Phone: _____

Work/Alternate Phone: _____ Cell Phone: _____

If I cannot be reached, the following person has permission to pick up my child:

Name: _____ Phone number: _____

Child is allergic to: _____ Medications/instructions: _____

Grade child is entering September 2014 _____

I, the undersigned, understand that in consideration of the Town of Sheffield allowing my child to participate on the Ropes Course held at the Sheffield Town Park, I hereby assume all risks associated therewith and agree to release and indemnify the said Town of Sheffield and all of its officers, directors, employees and agents of the Town from any and all manner of claims, damages, actions or cause of actions whatsoever, in law or in equity that I, or my successors, assigns, heirs, executors or administrators ever had, now have, or hereinafter may have, on account of damage to property and/or bodily injury, mental distress or injury occurring either on or off the premises of the Town of Sheffield (including any day trips) from my child participating in the above stated Ropes Course or field games at the Sheffield Town Park. I further recognize that given the nature of the Ropes Course, it may be hazardous and that there is potentially a risk of physical injury.

I also give permission to have Program Personnel seek/administer medical treatment if necessary.

Signature of Parent/Guardian _____ Date: _____

